



SUPPLEMENTAL APPLICATION DATA SHEET

Application Information

Application Number:: 10/801,134
Filing Date:: March 16, 2004
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R:: None
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF)?::
Number of Copies of CRF::
Title Line One:: Bioavailability and Improved Delivery
Title Line Two:: of Acidic Pharmaceutical Drugs
Attorney Docket Number:: 59210.000048
Request for Early Publication?:: No
Request for Non-Publication?::
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: Yes
Petition Included?:: No
Petition Type::
Licensed US Government Agency:: No
Contract or Grant Numbers::
Secrecy Order in Parent Application?:: No

Applicant Information

Applicant One Authority Type:: Inventor
Primary Citizenship:: US
Country:: US
Status:: Full Capacity

Applicant One Given Name:: Ruey
Middle Name:: J.
Family Name:: Yu
Name Suffix::
City of Residence:: Chalfont
State or Province of Residence:: PA
Country of Residence:: US
Street of Mailing Address Line One:: 655 Stump Road
Street of Mailing Address Line Two::
City of Mailing Address:: Chalfont
State or Province of Mailing Address:: PA
Country of Mailing Address:: US
Postal or Zip Code:: 18914

Applicant Two Authority Type:: Inventor
Primary Citizenship:: US
Country:: US
Status:: Full Capacity

Applicant Two Given Name:: Eugene
Middle Name:: J.
Family Name:: Van Scott

Name Suffix::

City of Residence:: Abington

State or Province of Residence:: PA

Country of Residence:: US

Street of Mailing Address Line One:: 3 Hidden Lane

Street of Mailing Address Line Two::

City of Mailing Address:: Abington

State or Province of Mailing Address:: PA

Country of Mailing Address : US

Postal or Zip Code:: 19001

Correspondence Information

Correspondence Customer No.:: 21967

Name::

Street of Mailing Address Line One::

Street of Mailing Address Line Two::

City of Mailing Address:

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code::

Telephone Number::

Facsimile Number::

E-Mail Address::

Representative Information

Representative Customer Number:: 21967

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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This Application	An application claiming the benefit under 35 USC 119(e)	60/454,631	03/17/2003